

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Cynthia Ewers, L.P.N.

Petition No. 911010-11-027

CONSENT ORDER

WHEREAS, Cynthia Ewers of East Haddam, Connecticut has been issued license number 23429 to practice as a licensed practical nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Cynthia Ewers hereby admits and acknowledges that:

1. During 1991, while working as a nurse at Middlesex Memorial Hospital in Middletown, Connecticut, she diverted for her own use the controlled substances: Serax, Halcion, Valium, and Percocet.
2. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described in 1. above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Cynthia Ewers hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number 23429 to practice as a licensed practical nurse in the State of Connecticut is on probation for three (3) years.

3. That her probation is subject to the following conditions:

- A. 1.) She shall provide a copy of this Consent Order to her therapist.
- 2.) She shall engage in counseling with a licensed or certified therapist at her own expense.
- 3.) She shall be responsible for the provision of bi-monthly reports from her therapist due on the first business day of January, March, May, July, September and November. They shall commence with the report due March.
- 4.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol at the discretion of her therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking. There must be at least one such drug and alcohol screen bi-monthly during probation. Said reports shall be negative for drugs and alcohol.
- 5.) Said reports cited in 3.A.3. and 3.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Board at the address cited in paragraph 7. below.

- B. 1.) She shall provide a copy of this Consent Order to her employer.
- 2.) She shall not accept employment as a nurse for a personnel provider, visiting nurse agency or home health care agency for the period of her probation.
- 3.) She shall be responsible for the provision of bi-monthly reports from her nursing supervisor (i.e. Director of Nursing), due on the first business day of January, March, May, July, September and November for the period of her probation. Reports shall commence with the report due 17. 1. 1.
- 4.) Said reports cited in 3.B.3 above shall include documentation of her ability to safely and competently practice nursing. Said reports shall be issued to the Board at the address cited in paragraph 7. below.
4. That she shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
5. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
7. That all correspondence and reports are to be addressed to:

Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106

8. The parties stipulate that any violation of the terms of this Consent Order authorizes the Department to seek a summary suspension of the respondent's license. The respondent specifically waives the provisions of Connecticut General Statutes §4-182(c) which requires a finding of an emergency before summary action can be taken. The respondent agrees that any violation of the terms of this Consent Order will constitute grounds for summary action. That any deviation from the term(s) of probation without prior written approval by the Connecticut Board of Examiners for Nursing shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., 5., or 6. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not be a waiver or preclude the Board's right to take action at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to her address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services or the Connecticut Board of Examiners for Nursing). That her license shall be suspended from the date the notification of the alleged violation of probation is mailed until the decision of the Connecticut Board of Examiners for Nursing on the violation of probation.
9. That this Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.

10. That she understands this Consent Order is a matter of public record.
11. That she understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
12. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.
13. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the basis for said Consent Order to the Connecticut Board of Examiners for Nursing. She understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.
14. That she understands she has the right to consult with an attorney prior to signing this document.

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I, Cynthia Ewers, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Cynthia L. Ewers
Cynthia Ewers

Subscribed and sworn to before me this 16th day of January 1992.

Joe M. Saglimbeni
Notary Public or person authorized
by law to administer an oath or
affirmation My Commission Expires 3/31/93

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 24th day of January 1992, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 5th day of February 1992, it is hereby ordered and accepted.

BY: [Signature]
For the Connecticut Board of Examiners for Nursing

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